

Fill	in this information to identify your c	ase:								
Del	btor 1 Deborah M.	Веу								
	btor 2 buse, if filing)				_					
Uni	ited States Bankruptcy Court for the	e: EASTERN DISTRICT	OF PENNSYLVANIA	4	_					
Ca	se number 14-14355					Check if this is:				
(If kı	nown)		_			An amende	An amended filing			
								ving postpetition chapte e following date:	r	
0	fficial Form 106I					MM / DD/ Y	YYY			
S	chedule I: Your Inc	ome						12	/15	
atta	use. If you are separated and you ch a separate sheet to this form. The second									
1.	Fill in your employment information.		Debtor 1			Debtor 2	Debtor 2 or non-filing spouse			
	If you have more than one job,	Fundament status	☐ Employed	☐ Employed				■ Employed		
	attach a separate page with information about additional	Employment status	■ Not employed			☐ Not e	☐ Not employed			
employers.		Occupation	temp work			lead an	lead analyst			
	Include part-time, seasonal, or self-employed work.	Employer's name				Wipro L	imited	I		
	Occupation may include student	Employer's address								
	or homemaker, if it applies.				east bro	unswic	k, NJ			
How long employed there?						2 years				
Pai	Give Details About Mo	nthly Income								
	imate monthly income as of the cuse unless you are separated.	late you file this form. If	you have nothing to r	eport for	any	line, write \$0 in the	space.	Include your non-filing		
	ou or your non-filing spouse have me e space, attach a separate sheet to		ombine the informatio	n for all e	emple	oyers for that perso	n on the	e lines below. If you nee	:d	
	•					For Debtor 1		Debtor 2 or filling spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	5,474.99		
3	Estimate and list monthly over	time nav		3	+ \$	0.00	± \$	0.00		

0.00

5,474.99

Calculate gross Income. Add line 2 + line 3.

Debtor 1		Deborah M. Bey	-	Ca	Case number (if known)		14-14355		
				F	For Debtor 1		For Deb	tor 2 or	
	Cop	y line 4 here	4.	\$	5(0.00	\$	5,474.99	_
5.	List	all payroll deductions:							
	5a. 5b. 5c.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5a. 5b. 5c.	\$	5	0.00	\$ \$	1,124.96	
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.	9	6 0	0.00	\$ \$	0.00 0.00 270.83	
	5f. 5g. 5h.	Domestic support obligations Union dues Other deductions. Specify:	5f. 5g. 5h.			0.00	\$ + \$	0.00 0.00 0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$		0.00	\$	1,395.79	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	(0.00	\$	4,079.20	_
8.	8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8c. 8d. 8e.	9		0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00	- - - -
	8g.	Pension or retirement income	– 8g.				\$	0.00	_
	8h.	Other monthly income. Specify:	8h.	+ \$	6 (0.00	+ \$	0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	2,000	0.00	\$	0.0	0
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,000.00	+ \$_	4,079.	20 = \$ _	6,079.20
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
11.	Inclu othe Do i	the all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your prince friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not acify:	depe				ed in <i>Sche</i> e	dule J. 1. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					, if it	2. \$ Combi	6,079.20
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?						y income
		Yes. Explain: Debtor's husband only expects job to last 3 mor	iths.	Jok	is tempora	ary			

Schedule I: Your Income

page 2

Official Form 106I

Fill	in this informa	tion to identify yo	our case:			I				
Deb		Deborah M.				Che	ck if this is:			
D-1-	40						An amended filing	otan a anta a Managala anta a		
	tor 2 ouse, if filing)			A supplement showing postpetition chapter 13 expenses as of the following date:						
United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA							MM / DD / YYYY			
	e number 14	1-14355								
\Box	fficial Ea	orm 106J								
		J: Your	Evnor	200				40/4/		
Be a	as complete a ormation. If m mber (if know	and accurate as	s possible. eded, atta ry question	If two married people ar						
1.	Is this a joir									
	■ No. Go to □ Yes. Doe		in a separa	ate household?						
	□ N □ Y	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.			
2.	Do you have	e dependents?	■ No							
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?		
	Do not state							□ No		
	dependents	names.						□ Yes □ No		
								☐ Yes		
								□ No □ Yes		
								□ No		
3.	Do your ove	oneoe includo	_					☐ Yes		
Э.	expenses of	penses include f people other t	han 🗖	No Yes						
		d your depende	111.3:							
exp	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp						
the		h assistance an		government assistance it luded it on <i>Schedule I:</i> Y			Your exp	enses		
(OII	iiciai Foiiii 10	ioi. <i>)</i>					7 5 5 7 5 7			
4.		or home owners and any rent for the		ses for your residence. In r lot.	nclude first mortgag	e 4. \$	S	2,147.00		
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a. \$	3	0.00		
	•	rty, homeowner's				4b. \$		0.00		
		maintenance, re owner's associat	•	ıpkeep expenses dominium dues		4c. \$ 4d. \$		200.00 0.00		
5.				our residence, such as ho	me equity loans	5.		0.00		

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Deptor 1 De	borah M. Bey	Case numi	oer (if known)	14-14355
6. Utilities:				
	ctricity, heat, natural gas	6a.	\$	350.00
	ter, sewer, garbage collection	6b.		158.00
	ephone, cell phone, Internet, satellite, and cable services	6c.		250.00
	er. Specify:	6d.		0.00
	I housekeeping supplies	7.	\$	600.00
	e and children's education costs	8.	\$	0.00
	laundry, and dry cleaning	9.	·	125.00
-	care products and services	10.	*	150.00
	and dental expenses	11.	·	
	•	11.	Φ	180.00
	tation. Include gas, maintenance, bus or train fare.	12.	\$	200.00
	ment, clubs, recreation, newspapers, magazines, and books	13.	\$	150.00
	e contributions and religious donations	14.	·	100.00
5. Insuranc	•	14.	Ψ	100.00
	clude insurance deducted from your pay or included in lines 4 or 20.			
	e insurance	15a.	\$	55.00
	alth insurance	15b.		0.00
	nicle insurance	15c.	·	166.00
	per insurance. Specify:	15d.	·	0.00
	o not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
	Taxes on Pension income	16.	\$	250.00
7. Installme	nt or lease payments:			
	payments for Vehicle 1	17a.	·	0.00
	payments for Vehicle 2	17b.	\$	0.00
	er. Specify:	17c.	\$	0.00
17d. Oth	er. Specify:	17d.	\$	0.00
	ments of alimony, maintenance, and support that you did not report a		•	0.00
	I from your pay on line 5, Schedule I, Your Income (Official Form 106I)). 18.	· ·	
	yments you make to support others who do not live with you.		\$	0.00
Specify:		19.		
	Il property expenses not included in lines 4 or 5 of this form or on Sci			0.00
	rtgages on other property	20a.		0.00
	al estate taxes	20b.		0.00
	perty, homeowner's, or renter's insurance	20c.	·	0.00
	intenance, repair, and upkeep expenses	20d.	·	0.00
20e. Hor	meowner's association or condominium dues	20e.	\$	0.00
 Other: Sp 	pecify:	21.	+\$	0.00
2 Calculate	your monthly expenses			
	lines 4 through 21.		\$	5,081.00
	/ line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$ ———	3,081.00
		•		
22c. Add	line 22a and 22b. The result is your monthly expenses.		\$	5,081.00
	your monthly net income.			
	by line 12 (your combined monthly income) from Schedule I.	23a.		6,079.20
23b. Cop	by your monthly expenses from line 22c above.	23b.	-\$	5,081.00
23c. Sul	otract your monthly expenses from your monthly income.			
	e result is your monthly net income.	23c.	\$	998.20
24. Do you e :	xpect an increase or decrease in your expenses within the year after	vou file this	form?	
For exampl	le, do you expect to finish paying for your car loan within the year or do you expect yo			ase or decrease because of a
modification	n to the terms of your mortgage?			
■ No.				
☐ Yes.	Explain here:			